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PTO/SB/17 (06-07) Approved for use through 06/30/2007. OMB 0661-0032

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Under the Paperwork Reduction Act of 1895, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete If Known Effective on 12/08/2004. 10/776,933-Conf. #2102 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL February 10, 2004 Filing Date Bo Hansen First Named Inventor For FY 2007 J. B. Ashen Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1635 Art Unit 58614(71432) 620.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (p)case identity): Money Order Check Credit Card None Edwards Angell Palmer & Dodge LLP X | Deposit Account | Deposit Account Number: 04-1105 | Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee x Charge fee(s) indicated below Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1: BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES** Small Entity Small Entity **Small Entity** Fee (\$) Foos Paid (5) Fee (\$) Fee (5) Fen (5) Application Type <u>Fea (5)</u> Fee (\$) 200 100 300 150 500 250 Utility 100 50 130 65 200 100 Design 80 150 150 200 100 300 Plant 250 600 300 300 150 500 Reissue 200 100 **Provisional** Small Shtity 2. EXCESS CLAIM FEES Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. <u>indep. Çlelma</u> Fee Paid (\$) 90 HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electron: cally filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee (\$) Total Sheets Number of each additional 50 or fraction thereof Extra Sheeta (round up to a whole its mber) x - 100 = /50 = 4, OTHER FEE(\$) Fees Paid (5) Non-English Specification, \$130 fcc (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 SUBMITTED BY Registration No. 53.624 Telephone (617) 517-5543 Signature Date September 19, 2007 Name (Print/Type <del>Jonatha</del>i M. Spearks, Ph.D

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SEP 1 9 2007

AMENDMENT TRANSMITTAL LETTER						Docket No 58614(7143	
Application No. 10/778,933-Conf. #2102		Filing Date February 10, 2004			Examiner . B. Ashen		Art Unit 1635
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Independent Claims	90	- 90 =	L	×			
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SEP 1 9 2007

PTO/SE/22 (04-07)
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PETITION FOR EXTENSION OF TIME UNDE	Docket Number (Optional)								
FY 2006 (Fees pursuant to the Consolidated Appropriations A	58614	4(71432)							
Application Number 10/776,933-Co	Filed February 10, 2004								
For OLIGOMERIC COMPOUNDS FOR THE MODULATION OF THIOREDOXIN EXPRESSSION									
Art Unit 1635		Examiner	J. B. Ashen						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
The requested extension and fee are as follows (o	•		ropriate lee pelow).						
X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.0C						
	\$450	\$225	- 125/55						
Two months (37 CFR 1.17(a)(2))			<b></b>						
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<u> </u>						
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number04-1105 I have enclosed a duplicate copy of this sheet.									
Deposit Account Number 04-1105	, I nave encic	seci a cuplicate copy	or mis sneer.						
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I am the applicant/inventor.	•								
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
attorney or agent of record.	Registration Number	53,624							
attorney or agent under 37									
Figure fation number if acting under 37 CFR 1.34									
	September 19, 2007								
Signature	Date								
Jonathan M. Sparks, Ph.D. Typed or printed name	(617) 517-5543 Telephone Number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more									
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